

IN THE MATTER OF

Amended

**Confirmation of Completion of
Guardian Training Program
(Adult Guardianship)**

Name _____

Date of Birth _____

Case No. _____

UNDER OATH, I STATE:

I understand that I am required to complete a guardian training program meeting the requirements of §54.26, Wis. Stats. I have completed the required training:

- Yes. I have attached the training completion certificate.
- No. I am exempt from completing the training because I am:
 - A guardian under §54.15(7), Wis. Stats., who is regulated by the department of health services.
 - A volunteer guardian who has already completed the training requirements for a previous ward.
Date training was completed: _____
 - The guardian of a minor under §§48.9795, 48.831, 48.977, 48.978, or 54.10(1), Wis. Stats.

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

This notarial act involved the use of communication technology.

Signature of Proposed Guardian

Print or Type Name

Address

Email Address

Telephone Number

Date